

AIDS Lecture October 19, 1987

13/1

AIDS and American Values

By

C. Everett Koop, MD, ScD

Surgeon General

Of the

U. S. Public Health Service

U.S. Department of Health and Human Services

Presented to the Cosmos Club

Washington, DC

October 19, 1987

It had been thirteen days since I last spoke publicly on the subject of AIDS

The Cosmos Club in Washington is nearly 100 years old and one in which membership is obtained not because of family background or (when it was a club for male members only) membership in an old boys coterie. Membership in the Cosmos Club was on the basis of achievement and prospective contributions to a convivial club that had started off as a literary organization. The club has special alcoves or walls where it honors members for winning a Nobel Prize, the Pulitzer Prize, the Cosmos Club Award, and having been awarded the Presidential Medal of Freedom by the President of the United States. I felt very fortunate to have my photograph on a wall of Cosmos Award recipients as well as the Presidential Medal of Freedom. I had been a member of the Club since 1982, and am to this day.

On the outset, I indicated to this audience that I would spend my time with them on the non-medical concerns that had been brought to my attention concerning AIDS as I traveled about the country and overseas.

I talked about the spreading disease, that now takes about a year for the number of victims to double; at the end of 1985, there were 19,000 reported cases, and at the time of giving this lecture the total in the United States was 42,000, half of whom had already died of the disease and the expectation was that the rest would.

There followed information on how the disease is spread, biophysical peculiarities of the AIDS virus, the kinds of groups that were at highest risk, and introduced the fact that our greatest concern was the increasing incidence among heterosexual men and women who were not I.V. drug abusers – currently 4 per cent of all patients.

Emphasis was placed on the aspects of AIDS that color everything done and said about the disease: it is still a mystery, it is fatal, and one gets AIDS by doing things that the majority of people don't do and don't approve of. It is not spread by casual non-sexual contact.

This means that in some ways the scientific issues pale in comparison to the highly sensitive issues of law, ethics, economics, morality, and social cohesion.

I also covered the sad state of affairs in that there were members of the medical and dental professions who wouldn't treat patients with AIDS, that those hospitals with national reputations for providing care for AIDS patients were being by-passed by medical and nursing students looking for residencies, internship, or a practicum to complete their professional training. In addition, many non-AIDS patients – especially those with insurance coverage were asking to be admitting to hospitals that did not have many or any AIDS patients.

Economic questions came next with a question of who should pay. The question raised was this: As the caseload climbs and the costs rise will the American people continue to support such care that currently costs an excess of \$20,000 per patient a year?

Another question: How much risk can the community tolerate in order to preserve the rights of individuals and the confidentiality of their records?

This led into discussion of the necessity for confidentiality of medical records and recommendations for who should be tested and the suggestion that HIV positivity not be advertised except on a “need to know” basis.

Racial disparities were also discussed including the disproportionate number of Black and Hispanic patients that were HIV positive in comparison to the partition of those two ethnic groups in the general population.

I closed with a thought that since AIDS knew no geographic boundaries, we had to stand together with our neighbors in a global sense, thus we faced not only death of the flesh, but death of the spirit by living in fear and anger.

AIDS and Child Sexual Abuse
AIDS and Discrimination
AIDS and Heterosexual People
AIDS and Homosexual/Bi-Sexual Men
AIDS and IV Drug Abusers
AIDS and Privacy
AIDS and Testing and Counseling
AIDS in Hospitals and Medical Training
AIDS Problems in Blacks and Hispanics
AIDS Statistics
AIDS Virus
Cost of AIDS
Cost of AIDS in Reference to Mortality
Danger of Vaccination in HIV Positive Children
Discrepancies in Reporting of AIDS from Africa
Epidemiology of AIDS
Ethical Foundation of Health Care

Global AIDS
Guidelines by CDC
Incidence of AIDS Among Health Workers
Refusal of Professionals to Treat AIDS
Risks vs. Rights of Individuals
Transmission of AIDS
US as a Beacon of Good Sense and Good Science
